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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/624,792	RECEIVED CENTRAL FAX CENTER JAN 15 2005
	Filing Date	22 July 2003	
	First Named Inventor	Aldo Marra	
	Art Unit	3676	
	Examiner Name	Gary Estrensky	
Total Number of Pages in This Submission	2	Attorney Docket Number	126.01

ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address																
Remarks																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Maguire Law Office</td> </tr> <tr> <td>Signature</td> <td colspan="3"><i>Daniel P. Maguire</i></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Daniel P. Maguire</td> </tr> <tr> <td>Date</td> <td>15 January 2005</td> <td>Reg. No.</td> <td>41,506</td> </tr> </table>			Firm Name	Maguire Law Office			Signature	<i>Daniel P. Maguire</i>			Printed name	Daniel P. Maguire			Date	15 January 2005	Reg. No.	41,506
Firm Name	Maguire Law Office																	
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Printed name	Daniel P. Maguire																	
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CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
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Typed or printed name	Daniel P. Maguire
Date	15 January 2005

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/824,792
Filing Date	July 22, 2003
First Named Inventor	Aldo Marra
Art Unit	3678
Examiner Name	Gary Estremsky
Attorney Docket Number	126.01

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Please withdraw me as attorney or agent for the above identified patent application, and

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- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 33321

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Nonpayment of attorney fees and expenses

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Aldo Marra		
Address	PO Box 398		
City	Davis	State	CA
Country	US	Zip	95617
Telephone	530 756 4465		
Signature	<i>Daniel P. Maguire</i>		
Name	Daniel P. Maguire		
Date	15 January 2005	Registration No.	41,506
		Telephone No.	530 750 3681

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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